



Insurance Producer/Registered Firm Bond

Illinois Department of Insurance
320 W. Washington Street
Springfield, IL 62767-001

Co. Code No. _____

Bond No. _____

KNOW ALL MEN BY THESE PRESENTS, THAT I/WE _____
residing at _____

_____, an Insurance Producer/Registered Firm,
as principal and _____ a company
duly authorized to transact surety business in the State of Illinois, as Surety, are held and firmly bound unto the People
of the State of Illinois and payable to any party injured under the terms and conditions of this bond, in the full and penal
sum of _____

(\$ _____) dollars lawful money of the United States of America,
for the payment of which, well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors
and assigns, jointly and severally, firmly by these presents.

THE CONDITION OF THIS OBLIGATION IS SUCH that the above bonded Principal is now or is about to become
licensed/registered to engage or continue in the business of an Insurance Producer/Registered Firm, as provided by the
Illinois Insurance Code, as amended.

NOW, THEREFORE, if the said Principal shall, while this bond is in force and effect make a full accounting and
due payment to the person or company entitled thereto of funds coming into his possession as an incident to
insurance transactions, and shall comply with all the provisions of Section 508.2 of the Illinois Insurance Code, as
amended; then this obligation shall be null and void; otherwise, to remain in full force and effect.

PROVIDED, HOWEVER, that this bond shall be continuous in form and may be terminated by the Surety, upon its
giving thirty (30) days notice of its intention of termination, such notice to be filed with the Director, Department of Insur-
ance, Springfield, Illinois.

IN WITNESS WHEREOF, the said principal has hereunto set his hand and seal, and the said surety has caused
these presents to be signed by its duly authorized officers and its corporate seal to be hereto affixed this _____
day of _____, 20_____.

(Signature of Principal)

(Bonding Company)

(Social Security Number/FEIN Number)

(Signature of Officer)

(Signature of Attorney-in-Fact)

Important Notice: Under the Illinois Revised Statutes' insurance laws disclosure of this information is **voluntary**; however, failure to comply may result this form not being processed This form has been approved by the Forms Management Center.